## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| Api | riion or | Dock | et Numi |
|-----|----------|------|---------|
|     | /        | - /  | 6       |

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| Effec  | tive October 1, a   | 2001  | 10101                          | 200             | 0                   |                        |
|--|---|---|--------------------------------|-----------------|---------------------|------------------------|
| CLAIMS A   | S FILED - PAR   | T I<br>(Column 2)   | SMALL ENTITY TYPE              | OR <sup>,</sup> | OTHER SMALL E       |                        |
| TOTAL CLAIMS   |   |   | RATE FEE                       | ] [             | RATE                | FEE                    |
| FOR R  | NUMBER FILED  | NUMBER EXTRA  | BASIC FEE 375.00               | OR              | ASIC FEE            | 740.00                 |
| TOTAL CHARGEABLE CLAIMS  | minus 26  | e *   | X\$ 9=                         | OR X\$18=       |                     |                        |
| INDEPENDENT CLAIMS   | minus 2   | *   | X42=                           | OR              | ₹ X84#              |                        |
| MULTIPLE DEPENDENT CLAIM I   | PRESENT   |   | +140=                          | OR              | +280=               |                        |
| * If the difference in column 1 is   | s less than zero, er  | nter "0" in column 2  | TOTAL 375.00                   | / OR            | TOTAL               |                        |
| CLAIMS AS  | AMENDED - PA  |   | SMALL ENTITY                   | OR _            | OTHER<br>SMALL E    |                        |
| (Column 1) CLAIMS REMAINING AFTER  | H<br>N<br>PRI   | IGHEST IUMBER PRESENT EVIOUSLY EXTRA AID FOR  | RATE TIONA<br>FEE              | 1 1             | RATE .              | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT AMENDMENT  | ·····Minus ··· **   | 26 = 15   | xs 9= 135                      | OR              | X\$18=              |                        |
| Independent *  | Minus ***   | 3 2   | ×43= 86                        | OR              | X84=                |                        |
| FIRST PRESENTATION OF  |   |   | +140=                          | QR              | +280=               |                        |
|  | Paid 189  | for(21)   | TOTAL<br>ADDIT, FEE            | OR.             | TOTAL<br>ADDIT, PEE |                        |
| (Column 1  |   | column 2) (Column 3)  | 1                              | <del></del> 1 1 |                     | LADDI                  |
| m CLAIMS<br>REMAINING  | PF  | HIGHEST NUMBER PRESENT REVIOUSLY EXTRA PAID FOR   | ADDI<br>RATE TIONA<br>FEE      |                 | RATE                | ADDI-<br>TIONAL<br>FEE |
| Total . *  | Minus **  | =   | X\$ 9=                         | ØВ              | X\$18=              |                        |
| Independent *  | Minus ***   |   | X42=                           | OR              | X84=                |                        |
| FIRST PRESENTATION OF  | MULTIPLE DEPEND   | DENT CLAIM  | +140=                          | OR              | +280=               |                        |
|  |   |   | TOTAL<br>ADDIT FEE             | OR              | TOTAL<br>ADDIT. FEE |                        |
| (Column  |   | Column 2) (Column 3)  |                                |                 |                     | ADDI-                  |
| O REMAINING AFTER AMENDMEN   | G P   | HIGHEST NUMBER PRESENT REVIOUSLY EXTRA PAID FOR.  | BATE TION/<br>FEE              | AL.             | RATE                | TIONAL                 |
| Total *  Independent *  FIGGY PRESENTATION OF  | Minus **  |   | X\$ 9=                         | OR              | X\$18=              |                        |
| Independent *  | Minus <sup>±</sup> **   |   | X42=                           | OR              | X84=                |                        |
| FIRST PRESENTATION OF  | MULTIPLE DEPEN  | DENT CLAIM  | 140-                           | OR              | +280=               | ļ                      |
| • If the entry in column 1 is less th  | an the entry in column  | 2, write "0" in column 3.   | +140=<br>TOTAL<br>0. ADDIT FEE | OR              | TOTA                | i.L                    |
| ** If the "Highest Number Previous<br>** If the "Highest Number Previous<br>The "Highest Number Previous | lly Paid For" IN THIS SH<br>Bly Paid For" IN THIS SI<br>Y Paid For" (Total or lod | AUE is less than 20, enter 2.  PACE is less than 3, enter 3.  Inpendent) is the highest num | ber found in the appropriat    | e box in c      | olumn 1.            |                        |
| The "Highest Number Previous   | y rain for from or mo   | repeated to the tro   | Pager; and Trademark Off       | ice US.D        | EPARTMENT           | OF COMPER              |
| 200  |   |   | * *                            |                 |                     | ,                      |

Application or Docket Number

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| CLAIMS AS FILED - PART I SMALL EN   |                |   |                 |                               |                         |                    |                     | YTITY         |                        | OTHER               | THAN       |                        |
|---|----------------|---|-----------------|-------------------------------|-------------------------|--------------------|---------------------|---------------|------------------------|---------------------|------------|------------------------|
|   |                |   | (Column         | 1)                            | (Colu                   | mn 2)              | ,<br>  .            | TYPE          |                        | OR SMALL EN         |            | ENTITY                 |
| TC  | TAL CLAIMS     |   | <u></u>         |                               |                         |                    |                     | RATE          | FEE                    |                     | RATE FEE   |                        |
| FC  | R NUMBER FILED |   |                 | NUME                          | MBER EXTRA BASIC FEE. 3 |                    |                     | 370.00        | OR                     | BASIC FEE           | 740.00     |                        |
| то  | TAL CHARGEA    | BLE CLAIMS                                | A mir           | nus 20=                       | *8                      | _                  |                     | X\$ 9=        |                        | OR                  | X\$18=     |                        |
| INC   | EPENDENT CL    | AIMS                                      | ) mi            | nus 3 =                       | * 5                     |                    |                     | X42=          |                        | OR                  | X84=       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |                |   |                 | /                             |                         |                    | +140=               |               | OR                     | +280=               |            |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |                |   |                 |                               |                         |                    |                     | TOTAL         | 740                    |                     |            |                        |
|   | С              | LAIMS AS A                                | MENDED          | - PAR                         | T II                    |                    |                     | ٠             |                        |                     | OTHER      |                        |
|   |                | (Column 1)                                |                 | (Colur                        |                         | (Column 3)         |                     | SMALL         | ENTITY                 | OR                  | SMALL      | ENTITY                 |
| AMENDMENT A   |                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY            | PRESENT<br>EXTRA   |                     | RATE          | ADDI-<br>TIONAL<br>FEE |                     | RATE       | ADDI-<br>TIONAL<br>FEE |
|   | Total          | *   | Minus           | **                            |                         | =                  |                     | X\$ 9=        |                        | OR                  | X\$18=     |                        |
| AME   | Independent    | *   | Minus           | ***                           |                         | -                  |                     | X42=          |                        | OR                  | X84=       |                        |
|   | FIRST PRESE    | NTATION OF M                              | JLTIPLE DEF     | ENDEN                         | CLAIM                   |                    |                     | +140=         |                        | OR                  | +280=      |                        |
|   |                |   | . • •           |                               |                         |                    | ı                   | TOTAL         |                        |                     | TOTAL      |                        |
|   |                | <b>6</b> 1 4                              | ·               | <b>10-1</b>                   | <b>0</b> \              | (Oal               | ,                   | ADDIT. FEE    |                        |                     | ADDIT. FEE | .,                     |
|   |                | (Column 1)<br>CLAIMS                      |                 | (Colur                        |                         | (Column 3)         | ) r                 |               | ADDI-                  |                     |            | ADDI                   |
| ENT B   |                | REMAINING<br>AFTER<br>AMENDMENT           |                 | NUM<br>PREVIO<br>PAID         | OUSLY                   | PRESENT<br>EXTRA   |                     | RATE          | TIONAL<br>FEE          |                     | RATE       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total          | *   | Minus           | **                            |                         | = .                |                     | X\$ 9=        |                        | OR                  | X\$18=     |                        |
| ME  | Independent    | *   | Minus           | ***                           |                         | =                  | <b>]</b>            | X42≃          |                        | OR                  | X84=       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                |   |                 |                               |                         |                    | <b>!</b>            | 110           |                        | 0, 1                | 000        |                        |
|   |                |   |                 |                               |                         |                    | l                   | +140=         |                        | OR                  | +280=      |                        |
|   |                |   |                 |                               |                         | ,                  | TOTAL<br>ADDIT. FEE |               | OR                     | TOTAL<br>ADDIT. FEE |            |                        |
|   |                | (Column 1)                                |                 | (Colu                         |                         | (Column 3)         | <b>.</b>            |               |                        |                     |            |                        |
| AMENDMENT C   |                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | PREVI                         | BER                     | PRESENT<br>EXTRA   |                     | RATE          | ADDI-<br>TIONAL<br>FEE |                     | RATE       | ADDI-<br>TIONAL<br>FEE |
| N ON  | Total          | . 26                                      | Minus           | ** 0                          | 20                      | = Q                | ] [                 | X\$ 9=        | 54.0                   | ÒR                  | X\$18=     |                        |
| AME   | Independent    | . 2                                       | Minus           | ***                           | T 01 411                | =                  |                     | X42=          |                        | OR                  | X84=       |                        |
| Ľ   | FIRST PRESE    | NTATION OF M                              | ULTIPLE DEI     | PENDEN                        | CLAIM                   |                    | J                   | +140=         | •                      |                     | +280=      |                        |
|   |                | mn 1 is less than t                       |                 |                               |                         |                    | Ĺ                   | TOTAL         |                        | OR                  | TOTAL      |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                |   |                 |                               |                         |                    |                     | ADDIT. FEE    | roprioto be-           |                     | ADDIT. FEE |                        |
|   |                | andr wrowiniiciv Wa                       | ırı ⊯or tiotalo | . mranananc                   | eriii is ini            | o currencest mumbe | ai (Ot              | niu in me abt | a corate do:           | ь ин со             |            |                        |